

**Insurance Market Working Committee**

**April 15, 2013**

**4:30 pm**

**By conference call only**

**Members Present:**

Kevin Lucia (Chair), Dr. Henry Aaron, Kate Sullivan Hare

**Presentations by:**

Mary Beth Senkewicz, Professional Facilitator for the Dental Working Group

Leighton Ku, Board Member and Chair of the Dental Working Group

**Health Benefit Exchange Staff Present:**

Debra Curtis, Health Benefit Exchange Deputy Director for Policy and Exchange Programs

Bonnie Norton, Director of Program Services

Brendan Rose, Manager Plan Management

**I. Opening Comments**

Chairman Kevin Lucia was a few minutes late so opening comments were dispensed with and the committee went directly into discussion of the dental plan issue.

**II. Discussion of Issues Relating to Dental Plans**

Ms. Senkewicz provided an overview of the working group, outlining the three consensus and one non-consensus items.

Consensus items:

- 1. CERTIFICATION PROCESS:** Dental insurers will use the same general certification process adopted by the Board for QHP issuers, with certain categories modified or deleted as appropriate to dental plans.
- 2. NON-DENTAL PEDIATRIC BENEFITS:** Dental insurers may offer non-pediatric dental benefits in addition to pediatric dental benefits.
- 3. QHP DENTAL BENEFITS:** To help be sure consumers can easily identify whether a Qualified Health Plan provides pediatric dental benefits, all QHPs must clearly label whether a plan does, or does not, include the pediatric dental EHB.

Non-Consensus item:

What should be the maximum out-of-pocket limit for free-standing dental benefits? Earlier CMS notice implied that a \$1000 limit for a plan with one child and a \$2000 limit for more than one child would meet a safe harbor standard in the federally facilitated exchange. Representatives for the dental insurers in the working group wanted the \$1000 limit to continue to apply on a per child basis without a cap. Consumer Groups didn't like that idea. As a result, consensus could not be reached.

It was also explained by Ms. Senkewicz that since the conclusion of the working group process, CMS has come out with a revised safe harbor for free-standing dental plans in the Federally Facilitated Exchange. That standard is lower than previously announced and now stands at \$700 for a single child, raising to \$1400 for multiple children.

Finally, she highlighted that our neighboring state Maryland had already determined their state limit to be \$1000 for a single child and \$2000 for multiple.

It was also noted that DC is a small, urban marketplace with relatively high costs and that should be taken into consideration when decided our limits on out-of-pocket maximums for pediatric dental services.

Board Member and Dental Working Group Chair, Leighton Ku:

Followed on Ms. Senkewicz's remarks by highlighting how consumers and dental insurers were deadlocked in opposition to the other's position and that is why consensus on the out-of-pocket maximum was impossible to achieve.

There was broader discussion surrounding a letter sent by dental plans to the Exchange after the conclusion of the Working Group. It was acknowledged that the DC Exchange simply does not have the IT capability to list Qualified Health Plans with different prices for the plan with the pediatric dental benefit (if offered) and one without. And, it was noted that the deadline for plan submissions in DC is May 15<sup>th</sup> and filing opened today so we are far into the process for plan filings to insert new rules into the game at this point for this year.

Insurance Committee Chair Kevin Lucia:

Brought the discussion to a close by asking for final comments from Committee Members. All Committee members discussed their inclination to adopt the \$1000 for a single child maximum-out-of-pocket limit and \$2000 limit for two or more children. The two facts driving that decision were the fact that DC is a more expensive marketplace than many places in the nation (upon which CMS based the federally facilitated exchange amounts) and that Maryland has already chosen to use these limits.

**III. Vote**

**RECOMMENDATION**

**Reasonable Out-of-Pocket Maximum Spending Limits:** A \$1000 out-of-pocket maximum spending limit will be considered reasonable for one child, increasing to \$2000 for two or more children.

The Committee Members voted unanimously for this recommendation.

**IV. Adjournment**